

**UNITED STATES DISTRICT COURT**  
for the  
**Western District of Wisconsin**

Civil Division

TYLER C. FRICK

) Case No.

24-cv-858-wmc

(to be filled in by the Clerk's Office)

*Plaintiff(s)*

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

WISCONSIN OFFICE OF THE COMMISSIONER OF INSURANCE, ET AL.

) Jury Trial: (check one)  Yes  No

*Defendant(s)*

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

**COMPLAINT FOR A CIVIL CASE**

**I. The Parties to This Complaint**

**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	TYLER C. FRICK
Street Address	140 GLENDALE LANE
City and County	NEKOOSA, WOOD CO.
State and Zip Code	WI 54457
Telephone Number	715-741-1993
E-mail Address	TYLERWC93@YAHOO.COM

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (*if known*). Attach additional pages if needed.

## Defendant No. 1

Name	<u>WISCONSIN OFFICE OF THE COMMISSIONER OF INSURANCE</u>
Job or Title ( <i>if known</i> )	
Street Address	<u>101 E WILSON ST</u>
City and County	<u>MADISON, DANE CO.</u>
State and Zip Code	<u>WI 53703</u>
Telephone Number	<u>608-266-3585</u>
E-mail Address ( <i>if known</i> )	

## Defendant No. 2

Name	<u>NATHAN HOUDEK</u>
Job or Title ( <i>if known</i> )	<u>COMMISSIONER OF INSURANCE</u>
Street Address	<u>101 E WILSON ST</u>
City and County	<u>MADISON, DANE CO.</u>
State and Zip Code	<u>WI 53703</u>
Telephone Number	<u>608-266-3585</u>
E-mail Address ( <i>if known</i> )	<u>nathan.houdek@wisconsin.gov</u>

## Defendant No. 3

Name	<u>REBECCA EASLAND</u>
Job or Title ( <i>if known</i> )	<u>DEPUTY COMMISSIONER OF INSURANCE</u>
Street Address	<u>101 E WILSON ST</u>
City and County	<u>MADISON, DANE CO.</u>
State and Zip Code	<u>WI 53703</u>
Telephone Number	<u>608-266-3585</u>
E-mail Address ( <i>if known</i> )	<u>rebecca.easland@wisconsin.gov</u>

## Defendant No. 4

Name	<u>AMY MALM</u>
Job or Title ( <i>if known</i> )	<u>ADMINISTRATOR/DIVISION OF FINANCIAL REGULATION</u>
Street Address	<u>101 E WILSON ST</u>
City and County	<u>MADISON, DANE CO.</u>
State and Zip Code	<u>WI 53703</u>
Telephone Number	<u>608-266-3585</u>
E-mail Address ( <i>if known</i> )	<u>amy.malm@wisconsin.gov</u>

**B. The Defendant(s)**

Defendant No. 5

Name REBECCA REBHLZ  
Job or Title (if known) ADMIN/DIVISION OF MARKET REG & ENFORCEMENT  
Street Address 101 E WILSON ST  
City and County MADISON, DANE CO.  
State and Zip Code WI 53703  
Telephone Number 608-266-3585  
E-mail Address (if known) [rebecca.rebholz@wisconsin.gov](mailto:rebecca.rebholz@wisconsin.gov)

Defendant No. 6

Name SARAH SMITH  
Job or Title (if known) DIRECTOR OF PUBLIC AFFAIRS  
Street Address 101 E WILSON ST  
City and County MADISON, DANE CO.  
State and Zip Code WI 53703  
Telephone Number 608-266-3585  
E-mail Address (if known) [sarah.smith@wisconsin.gov](mailto:sarah.smith@wisconsin.gov)

Defendant No. 7

Name LILIAN KAHITE  
Job or Title (if known) DIRECTOR/OFFICE OF OPERATIONAL MANAGEMENT  
Street Address 101 E WILSON ST  
City and County MADISON, DANE CO.  
State and Zip Code WI 53703  
Telephone Number 608-266-3585  
E-mail Address (if known) [lilian.kahite@wisconsin.gov](mailto:lilian.kahite@wisconsin.gov)

Defendant No. 8

Name KRISTINA THOLE  
Job or Title (if known) DIRECTOR/OFFICE OF ADMINISTRATIVE SERVICES  
Street Address 101 E WILSON ST  
City and County MADISON, DANE CO.  
State and Zip Code WI 53703  
Telephone Number 608-266-3585  
E-mail Address (if known) [kristina.thole@wisconsin.gov](mailto:kristina.thole@wisconsin.gov)

Defendant No. 9

Name LAUREN U. VAN BUREN  
Job or Title (if known) CHIEF LEGAL COUNSEL  
Street Address 101 E WILSON ST  
City and County MADISON, DANE CO.  
State and Zip Code WI 53703  
Telephone Number 608-266-3585  
E-mail Address (if known) lauren.vanburen@wisconsin.gov

**II. Basis for Jurisdiction**

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

- Federal question       Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

**A. If the Basis for Jurisdiction Is a Federal Question**

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

ADA TITLE II, SECTION 504 OF THE REHABILITATION ACT OF 1973

**B. If the Basis for Jurisdiction Is Diversity of Citizenship****1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, *(name)* \_\_\_\_\_, is a citizen of the State of *(name)* \_\_\_\_\_.

**b. If the plaintiff is a corporation**

The plaintiff, *(name)* \_\_\_\_\_, is incorporated under the laws of the State of *(name)* \_\_\_\_\_, and has its principal place of business in the State of *(name)* \_\_\_\_\_.

*(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)*

**2. The Defendant(s)****a. If the defendant is an individual**

The defendant, *(name)* \_\_\_\_\_, is a citizen of the State of *(name)* \_\_\_\_\_. Or is a citizen of *(foreign nation)* \_\_\_\_\_.

## b. If the defendant is a corporation

The defendant, (name) \_\_\_\_\_, is incorporated under the laws of the State of (name) \_\_\_\_\_, and has its principal place of business in the State of (name) \_\_\_\_\_.  
 Or is incorporated under the laws of (foreign nation) \_\_\_\_\_, and has its principal place of business in (name) \_\_\_\_\_.

*(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)*

## 3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain): \_\_\_\_\_

**III. Statement of Claim**

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

I first wrote the Commissioner of Insurance, Nathan Houdek, on 9/6/24. I was trying to get confirmation of receipt for a complaint I had filed with the Office of the Commissioner of Insurance (hereinafter known as OCI). I never received any response. I had filed a few complaints with OCI. For each complaint, the examiner sided with the insurance company. I eventually emailed the examiner on a case I filed against Globe Life for ADA Title III violations. I completely disagreed with her decision and she refused to provide me her basis for rejection. On 9/30/24 I demanded that my complaint be immediately escalated to the Commissioner. I received no response. I let the entire month of October go by waiting for someone from OCI to contact me. No one ever did. Finally, on 11/13/24, I issued a Letter of Intent to Sue/Demand Letter to all the defendants named in this lawsuit.(see attached)

**IV. Relief**

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

**COMPENSATORY DAMAGES-** Due to the defendants grossly cruel, extremely unprofessional and remorseless behavior that went on for months that caused me pain and suffering and great emotional distress I seek 5000.00.  
**PUNITIVE DAMAGES-** The defendant's behavior intended the consequences that were substantially certain to occur from their wrongful conduct. The defendant's conduct was outrageous, grossly negligent and intentional. They were fully aware what they were doing. The defendants need to be punished so that this sort of behavior doesn't occur in the future and to show that the courts will not tolerate such gross misconduct. Due to the aforementioned behavior I seek 11000.00

### III. STATEMENT OF CLAIM

In the Demand letter, I stipulated that: The undersigned hereby demands that: A complete reopening and reevaluation of all of my complaints filed with OCI in the year 2024. They are to be reevaluated by the most senior and highest ranked examiner on the OCI's staff and not by any prior examiners that have dealt with my complaints. I expect all of the complaint decisions to be overseen and signed off by Commissioner Houdek. The Globe Life complaint in particular shall be directly overseen by Commissioner Houdek. All correspondence in response and throughout said investigations is to be from Commissioner Houdek or a direct report of his or someone of Senior Leadership named above. If a subordinate sends me correspondence this Demand Letter shall be void and legal action could potentially commence.

My entire adult life, I've been a firm believer that if you get nowhere with someone on the middle of the totem pole, you go straight to the top. Besides that, I can't find one single statute that prohibits me from working with or communicating with the Commissioner of Insurance. These State officials aren't untouchable.

Their blatant and overt lack of communication was clearly intentional, and all of the defendants knew full well what they were doing by repeatedly ignoring me. To date, none of the defendants have ever acknowledged me. Being that ADA Title II requires effective and courteous communication with disabled people, the defendants have breached this Federal law. Yes, the Office of Commissioner of Insurance is subject to Title II of the Americans with Disabilities Act (ADA). Title II applies to all state and local governments, including departments, agencies, and special purpose districts.

**Section 504** of the Rehabilitation Act of 1973 created and extended civil rights to people with disabilities. Section 504 has also provided opportunities for children and adults with disabilities in education, employment, and various other settings. It even allows for reasonable accommodations such as special study area and assistance as necessary for each student.<sup>[1]</sup> Each Federal agency has its own set of section 504 regulations that apply to its own programs. Agencies that receive Federal funding or assistance are required by Federal law to follow the rules of Section 504. Requirements common to these regulations include reasonable accommodation for employees with disabilities; program and services accessibility; and effective and courteous communication with disabled people. Section 504 may also be enforced through private lawsuits in Federal court. It is not necessary to file a complaint with a Federal agency or to receive a "right-to-sue" letter before going to court, though one may be issued if the complainant so desires.

OCI receives Federal funding and assistance, so Section 504 applies to this entity as well. Being that Section 504 requires access to a covered entity's programs and services, as well as effective

and courteous communication with disabled people, and given the fact that OCI prevented me from services and programs they could have offered me and maintained zero communication with me in any form, they have breached this Federal law as well.

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**NEGLIGENCE-** The defendants owed me a legal duty to effectively communicate with me on my claim(s) when I requested escalation to leadership. The defendants breached that duty by willfully and knowingly never responding to any of my multiple communications to them. The defendants inaction directly caused my severe mental anguish and frustration. I suffered mental injury/anguish and damages directly due to the defendants actions. Due to this, I seek 7500.00.

## V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 11/27/2024

Signature of Plaintiff

Printed Name of Plaintiff

TYLER C. FRICK

### B. For Attorneys

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address